Team Name	Div Select Team#	Coaches HD and AC First and Last Name		
Requests OORP (Pre-)evaluation	for the following event/tournament ** (	name or describe):		
Event location:		zip:		
Date Start & End:	Tournament Contact: Phone:	eMail		
Additional Info:				
		val from the Regional Commissioner. OORP Preonsider certain criteria but is not limited to:		
<ol> <li>Each tournament application ha</li> <li>An OORP may be submitted wit</li> <li>The coach has informed the tea</li> <li>A trained and certified Team Ma</li> <li>All players are FULLY registered</li> <li>Team coach(es) are fully job tra</li> <li>Have 2 adult team-referees, job Form?) Youth referees work for</li> <li>The Event/tournament must no</li> <li>Coach not recruit players fro</li> </ol>	hout a Tournament Application for Present about costs, safety, expected good anager is available for communication of the AYSO website by their legal parined and <b>certified*</b> and are current yes trained, certified* with good experier	rd. A coach represents only 1 OORP team. e-evaluation with the team formation. d behavior and Kids Zone. with the regional board. arents/guardians. ar registered AYSO volunteers. ace. (Has he RRA received a Referee Info es and cannot be players in the tournament. th region 73 season play schedule(s).		
A coach may requests a R73 cl	neck for a tournament if following	requirements have been fulfilled:		
b. The tournament application papers of c. (Individual) Payment letters are receil d. A Consolidated Payment Form is filed e. A sponsor donation for the team part *) Certified means registered as AYSO v	s require 75% participation of players & volumentain the proper information. The coach haved by the Treasurer to show contributions with the payment for the tournament and ticipating in a tournament is received with the volunteer, competence in executing the job, ills are not know. Pre-evaluation helps with respect to the coach and the coach are not know.	s all required team papers. by team parents. This matches the Consolidated Payment. delivered by an AYSO certified* Volunteer. he Sponsor Form-T completed all Safety courses.		
For regional board use only:				

Date Received:	By:					
Evaluation by Regional Staff						
Staff Initials RCA Reg'r Stats	OK NOK Staff Ini RRA S/D DivCo	als OK NOK Staff CVPA Treas FldMr		OK NOK		
			Initials	YES NO		
Has team commu	inicated during the sea	son? RC				
Have they correct	ted all discrepancies?	RC				
Comments from staff members (brief but concise). Add separate report for more details:						
I, Regional Commissioner reviewed the OORP request and sign with my decision:						
		Wri	te Approved	Write Not Approved		
J	ulio Velez					